# Exhibit D

#### **FUGREAR**

#### CERTIFICATE OF LIABILITY INSURANCE ACORD...

DATE (MM/DD/YYYY)

12/14/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed, if SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CBIZ Insurance Services 9755 Patuxent Woods Drive Suite 200 Columbia, MD 21046	E-MAIL ADDRESS: SMCCabe@cbiz.com PRODUCER CUSTOMER ID #:	/C, No):
Fugro EarthData Inc Fugro Horizons Inc 7320 Executive Way Frederick, MD 21704	INSURER(S) AFFORDING COVERAGE INSURER A: Great Northern Insurance Co INSURER B: Chubb Indemnity Insurance INSURER C: INSURER D: INSURER E: INSURER F:	E NAIC#

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THA	AT THE POLICIES OF INSURANCE LISTED BELOW HAVE BE	EN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY

PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADÖL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	<u> </u>
Α	GENERAL LIABILITY			35294696	)		EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS						_	\$
								3
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$			_				\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			71638642	05/01/2011	05/01/2012	X WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS LIABILITY  Y/N  ANY PROPRIETOR/PARTNER/EXECUTIVE  N  OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	s1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
Α	Professional			35294696	05/01/2011	05/01/2012	5,000,000	_
<u> </u>	l				<u> </u>			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) City of Durham is named as an additional insured under the general liability as required by written contract under the blanket additional insured endorsement.

CERTIFICATE HOLDER	CANCELLATION
City of Durham Contract Administrator Finance Department 101 City Hall Plaza	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Durham, NC 27701	AUTHORIZED REPRESENTATIVE
	CBIZ Insurance Services, Inc.

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### CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 12/14/2011

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

PRODUCER  Aon Risk Services Southwest, Inc. dba Aon Risk Ins Services Southwe CA License 0559715 5555 San Felipe, Suite 1500 Houston TX 77056 USA	CONTACT NAME: PHONE (A/C, No. Ext): (832) 476-6000 FAX (A/C, No.): (800) 953-454 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE					
		INSURER(S) A	THORDING COVER	AGE		NAIC#
INSURED .	INSURER A:	American Cor	nmerce Ins Co			19941
Fugro, Inc. Fugro Earthdata Inc./	INSURER B:					
Fugro Horizons, Inc.	INSURER C:					
18227 AirPark Road Hagerstown MD 21742 USA	INSURER D:					
<b>-</b>	INSURER E:					
	INSURER F:					
	 	•				

COVERAGES	CERTIFICATE NUMBER: 570044678003	REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

	CEUSIONS AND CONDITIONS OF SUCI						vis. Limits shown are as requested
INSR LTR	TYPE OF INSURANCE	ADDI	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	1					EACH OCCURRENCE
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED
	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)  MED EXP (Any one person)
	CEANNS-WADE COCOR						<del></del>
		1					PERSONAL & ADV INJURY
1							GENERAL AGGREGATE
	GEN'L AGGREGATE LIMIT APPLIES PER:	1			1		PRODUCTS - COMP/OP AGG
	POLICY PRO- JECT LOC					,	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						80DILY INJURY ( Per person)
	ALL OWNED SCHEDULED AUTOS						80DILY INJURY (Per accident)
	AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)
				<u></u>			
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE
	EXCESS LIAB CLAIMS-MADE						AGGREGATE
	DED RETENTION	1					
	WORKERS COMPENSATION AND						WC STATU- OTH- TORY LIMITS ER
	EMPLOYERS' LIABILITY  ANY PROPRIETOR / PARTNER / EXECUTIVE Y / N	ıl					E.L. EACH ACCIDENT
1	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					<del></del>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE
<u> </u>		-		14000794	10 (01 /2011		E.L. DISEASE-POLICY LIMIT
A .	Misc Liab Cvg			FEDI/FHI Aviation Hull &	10/01/2011	10/01/2012	Limit (1) \$50,000,000
DEE	PRINTION OF OREGITIONS II DOATIONS INCOME.	LEE 41	111	GDDD 484 Addissort Documents	<u> </u>		
I near	RIPTION OF OPERATIONS / LOCATIONS / VEHICI	LCO (A	uach A	CORD TUT, Additional Remarks Schedule,	II more space is r	equired)	

on any aircraft owned or operated by Fugro, Inc. and Fugro Earthdata Inc. and Fugro Horizons, Inc.

CERTIFICATE H	OLDER
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#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE

AUTHORIZED REPRESENTATIVE

Aon Risk Services Southwest Inc.

City of Durham Contract Administrator Finance Department 101 City Hall Plaza Durham NC 27701 USA



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 12/14/2011

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iMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to to certificate holder in lieu of such endorsement(s).  PRODUCER  AON RISK SERVICES SOUTHWEST, INC.  (bba Aon RISK Ins Services Southwest, Inc.	
AON RISK Services Southwest, Inc.  dba Aon Risk Ins Services Southwest, Inc  CA License 0559715  CA License 0559715  HOUSTON TX 77056 USA  INSURER A: Liberty Mutual Insurance Co. 23043  INSURER B: Starr Indemnity & Liability Company 38318  INSURER C: IN	Holder Ide
AOR RISK Services Southwest, Inc.  (Da Aon Risk Ins Services Southwest, Inc.  (Add No. Ext): (832) 476-6000   FAX (AC. No.): (800) 953-4542    (ADRESS:    INSURER(S) AFFORDING COVERAGE   NAIC    INSURER A: Liberty Mutual Insurance Co. 23043    INSURER B: Starr Indemnity & Liability Company 38318    INSURER C: INSURER	Holder
CA License 0559715 5555 San Felipe, Suite 1500 Houston TX 77056 USA  INSURER(S) AFFORDING COVERAGE  INSURER A: Liberty Mutual Insurance Co. 23043 Fugro, Inc. Fugro Earthdata, Inc/Fugro Horizons Inc 18227 Air Park Road Hagerstown MD 21742 USA  INSURER B: Starr Indemnity & Liability Company 38318 INSURER C: I	
ADDRESS:    INSURER(S) AFFORDING COVERAGE   NAIC	¥
INSURER S: Insurer Co. 23043 Fugro, Inc. Fugro Earthdata, Inc/Fugro Horizons Inc 18227 Air Park Road Hagerstown MD 21742 USA  COVERAGES  CERTIFICATE NUMBER: 570044677975  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH T CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  Limits shown are as regule.	
Fugro, Inc. Fugro Earthdata, Inc/Fugro Horizons Inc  18227 Air Park Road Hagerstown MD 21742 USA    INSURER B: Starr Indemnity & Liability Company   38318     INSURER D:   INSURER D:   INSURER E:   INSURER F:   INSURER F:   INSURER F:   INSURER F:   INSURER D:   INSURER D:   INSURER D:   INSURER F:   INSURER F:   INSURER D:   INSURER D:   INSURER D:   INSURER D:   INSURER F:   INSURER F:   INSURER D:   IN	——————————————————————————————————————
Fugro, Inc. Fugro Earthdata, Inc/Fugro Horizons Inc  18227 Air Park Road Hagerstown MD 21742 USA    INSURER B: Starr Indemnity & Liability Company   38318     INSURER D:   INSURER D:   INSURER E:   INSURER F:   INSURER F:   INSURER F:   INSURER F:   INSURER D:   INSURER D:   INSURER D:   INSURER F:   INSURER F:   INSURER D:   INSURER D:   INSURER D:   INSURER D:   INSURER F:   INSURER F:   INSURER D:   IN	
Fugro Earthdata, Inc/Fugro Horizons Inc  18227 Air Park Road  Hagerstown MD 21742 USA    INSURER D:   INSURER D:   INSURER E:   INSURER F:	
Hagerstown MD 21742 USA  INSURER D: INSURER E: INSURER F:  COVERAGES  CERTIFICATE NUMBER; 570044677975  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH T CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  LImits shown are as required.	
INSURER E: INSURER F:  COVERAGES  CERTIFICATE NUMBER; 570044677975  THIS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  LIMITS shown are as required.	
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TYPE OF INSURANCE PROPERTY POLICY NUMBER FOLIO EAP LINETS	IS S,
	_
GENERAL LIABILITY  EACH OCCURRENCE  DAMAGE TO RENTED	_
COMMERCIAL GENERAL LIABILITY  PREMISES [Ea occurrence)	
CLAIMS-MADE OCCUR MED EXP (Any one person)	
PERSONAL & ADV INJURY	- 275
GENERAL AGGREGATE	
GENTLAGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG	57004677975
POLICY   FOUR   FOUL   FOUR	—
A AUTOMOBILE LIABILITY Y Y AS1-641-005066-021 07/01/2011 07/01/2012 COMBINED SINGLE LIMIT \$2,000	300
X ANY AUTO BODILY INJURY ( Per person)	2
ALL OWNED SCHEDULED BODILY INJURY (Per accident)	
HIRED AUTOS NON-OWNED PROPERTY DAMAGE	Certificate
AUTOS [Per accident) [Per accident]	-
B   UMBRELLA LIAB   X   OCCUR   Y   Y   ARS5101   07/01/2011   07/01/2012   EACH OCCURRENCE   \$5,000	500 ජී
X EXCESS LIAB CLAIMS-MADE AGGREGATE \$5,000	
DED RETENTION	_
WORKERS COMPENSATION AND WC STATU- OTH-	_
ANY PROPRIETOR / PARTNER / EXECUTIVE	_
OFFICER/MEMBER EXCLUDED? N/A	_
(Mandatory in NH)   E.L. DISEASE-EA EMPLOYEE	_
DESCRIPTION OF OF ENVIROND SHOW	-=
	155
	-
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Atlach ACORD 101, Additional Remarks Schedule, if more space is required)	
City of Durham is added as an Additional Insured for Automobile and Umbrella Coverage and provided a waiver of Subrogation required by written contract but limited to the operations of the Insured under said contract, and always subject to the po	: اية
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City of Durham is added as an Additional Insured for Automobile and Umbrella Coverage and provided a Waiver of Subrogation required by written contract but limited to the operations of the Insured under said contract, and always subject to the poterms, conditions and exclusions.  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE	cy Company
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# 4CORD

# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 12/14/2011

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INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requeste Limits shown are as requested ADDL SUBR POLICY NUMBER TYPE OF INSURANCE GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) CLAIMS-MADE Taccur MED EXP (Any one person) PERSONAL & ADV INJURY 57004467799 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG POLICY PRO-COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) ANY AUTO BODILY INJURY ( Per person) SCHEDULEO ALL OWNED BODILY INJURY (Per accident) AUTOS AUTOS PROPERTY DAMAGE NON-OWNED SOTUA HIRED AUTOS (Per accident) UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION WORKERS COMPENSATION AND WC STATU-TORY LIMITS OTH ER EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE E.L. EACH ACCIDENT ANY PROPRIETORS PARTNERS EXECUTED?
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below NIA E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT \$1,000,000 \$5,000,000 \$2,500,000 \$2,500,000 Archit&Eng Prof 03/31/2011 06/30/2012 Per Claim \$1,000,000 SIR applies per policy terms & conditions Aggregate SIR Per Claim DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Includes Contractor's Pollution Coverage. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Durham AUTHORIZED REPRESENTATIVE Contract Administrator Finance Department 101 City Hall Plaza Durham NC 27701 USA Ann Risk Services Southwest Inc

DATE(MM/DD/YYYY)

12/14/2011

# CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES

BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S). AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER Aon Risk Services Southwest, Inc. PHONE (A/C, No. Ext): (832) 476-6000 FAX (A/C. No.): (800) 953-4542 dba Aon Risk Ins Services Southwest, Inc CA License 0559715 5555 San Felipe, Suite 1500 Houston TX 77056 USA E-MAIL ADDRESS INSURER(S) AFFORDING COVERAGE NAIC # Wausau Underwriters Ins Co 26042 INSURER A Fugro Earthdata, Inc. INSURER B 7320 Executive Way Frederick MD 21704 USA INSURER C: INSURER D: INSURER E: INSURER F: COVERAGES CERTIFICATE NUMBER: 570044678025 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested. Limits shown are as requested ADDL SUBR TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) CLAIMS-MADE MED EXP (Any one person) PERSONAL & ADV INJURY 570044678025 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMPIOP AGG POLICY PRO-COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY ( Per person) ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED **AUTOS** PROPERTY DAMAGE HIRED AUTOS (Per accident) UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAE AGGREGATE DED RETENTION WORKERS COMPENSATION AND 10/01/2011 10/01/2012 WC1Z91547189041 OTH FR X WC STATU-EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$1,000,000 N (Mandatory in NH) E.L. DISEASE-EA EMPLOYEE \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE-POLICY LIMIT \$1,000,000 **重求加入的对称或指示的形式证据的对抗的运动运**阻 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Durham AUTHORIZED REPRESENTATIVE Contract Administrator Finance Department 101 City Hall Plaza Durham NC 27701 USA Ann Rish Services Southwest Inc

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